

**9 MAY 1998**



**Medical Command**

**HEALTH PROMOTION PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements AFI 40-1, *Health Promotion*. It gives requirements for operating, managing, and evaluating of the Air Force Health Promotion Program (HPP). It applies to all Air Force members, retirees, and beneficiaries; Air Force civilian personnel; US Air Force Reserve and Air National Guard members on active duty orders for 31 consecutive days or more; and retirees of the Air Reserve Component (ARC). It implements Department of Defense (DoD) Directive 1010.10, *Health Promotion*, March 11, 1986, with Changes 1 and 2; DoD Instruction 1010.15, *Smoke-Free Workplace*, March 7, 1994; and *Healthy People 2000: DoD Health Promotion and Disease Prevention Objectives*, May 1, 1992. It interfaces with AFI 40-102, *Tobacco Use in the Air Force*; AFI 40-104, *Nutrition Education*; AFI 40-501, *Air Force Fitness Program (AFFP)*; AFI 40-502, *The Weight Management Program (WMP)*; AFI 44-153, *Suicide Prevention Education and Community Training*; and AFI 40-XXX *Health and Wellness Centers (HAWCs)*. The Privacy Act of 1974 applies to this AFI. Title 10, United States Code (U.S.C.), Section 8013, and Executive Order 9397 are authorities for establishing and keeping records. Send comments any suggested improvements on AF Form 847, *Recommendation for Change of Publication*, through channels, to HQ AFMOA/SGOP, 110 Luke Avenue, Room 400, Bolling AFB DC 20332-7050. See attachment 1 for a glossary of references, abbreviations, acronyms, and terms.

**SUMMARY OF REVISIONS**

This is a complete revision of the AFI.

**Section A— Program Definition and Purpose**

**1. Program Definition.** Health Promotion (HP) is the science and art of helping people change lifestyle behaviors to move toward a balance of physical, emotional, intellectual, social, and spiritual health. To facilitate changes, health promotion incorporates a combination of social change strategies, namely: leadership, technology, economic, political/legal, education, social marketing.

## **2. Program Purpose.**

2.1. The purpose of the Air Force HPP is to enhance readiness through optimal health and total force fitness while supporting accessible, cost effective, and quality health care delivery.

2.1.1. HPPs are dedicated to health, performance enhancement, and disease/injury prevention. The goals are to increase personal performance and effectiveness as well as reduce preventable illness and injuries for Air Force people and their families.

2.1.2. The identification and reduction of individual, family, unit, and group modifiable health risks, through effective teaming with other professionals forms the basis of Air Force HPPs.

2.2. HPPs include, as a minimum, the following awareness, education, and intervention core programs: a Health Evaluation Assessment Review (HEAR) in conjunction with the Preventive Health Assessment (PHA) to address both wellness perceptions and health risks; early intervention for increasing personal performance and minimizing health risks; cycle ergometry fitness assessment and exercise prescriptions; fitness enhancement and conditioning; tobacco cessation, prevention and deglamorization; drug and alcohol abuse awareness and prevention; general nutrition for all ages; injury and disease risk education; and stress management and prevention.

2.3. Air Force HPPs will generally be offered within the HAWC, but are not restricted to the HAWC. Worksite wellness and community-based HPP programs will also be offered.

## ***Section B— Responsibilities***

### **3. Chief, Prevention Division and Chief, Health Promotion (AFMOA/ SGOP).**

3.1. Supports the strategic plan developed by the AF/SG to guide HPP plans, implementation, and execution.

3.1.1. Reviews and procures policy and management systems to aid in the implementation of the AF Medical Service (AFMS) strategic plan.

3.2. Develops and recommends changes to HP policy.

3.3. Coordinates annual training conference and formal training sessions for Health Promotion Managers (HPM) and Health Promotion Directors (HPD).

3.4. Tracks annual metrics for compliance with AF policy and performance-based measures as defined in AFPD 40-1.

### **4. MAJCOM Commander (MAJCOM/CC). Provides leadership to the command HPP.**

### **5. MAJCOM Surgeon (MAJCOM/SG).**

5.1. Assigns most qualified medical service officer (or civilian grade equivalent) to be the command HPD.

5.2. Reviews and approves the command health promotion goals and objectives.

5.3. Evaluates the effectiveness of command health promotion programs.

5.4. Briefs the MAJCOM/CC on the status of the Command HPP and HAWCs.

5.5. Ensures HAWCs are fully staffed and resourced according to most recent program guidance.

5.6. Attends or designates attendee to appropriate MAJCOM committees (e.g. Community Action Information Board (CAIB) or Care on Target Team), to address issues and concerns related to health promotion, disease prevention, and behavioral health risks.

## **6. MAJCOM Health Promotion Director (MAJCOM/HPD).**

- 6.1. Advises the MAJCOM/CC and SG on health promotion issues.
- 6.2. Establishes annual MAJCOM goals related to HP that support AFMS strategic plan.
- 6.3. Establishes a consolidated plan with MAJCOM/CC and MAJCOM/SG to ensure adequate resources (staffing, facility, finance) to support the command HPP.
- 6.4. Evaluates the effectiveness of installation HPPs in achieving MAJCOM goals and objectives.
- 6.5. Maintains a current roster of installation HPMs, alternates, and assistants; provides changes to AFMOA/SGOP.
- 6.6. Reviews and forwards metric data to AFMOA/SGOP as directed by AFPD 40-1.
- 6.7. Provides health promotion guidance and instructions to assigned installation HPMs to help them in developing and implementing programs; performs staff assistance visits as needed.
- 6.8. Selects an experienced HPM within the MAJCOM to function as command consultant for HP for the other HPMs.
- 6.9. Selects an experienced IFPM within the MAJCOM to function as command consultant for fitness for the other IFPMs.

## **7. Installation Commander.**

- 7.1. Provides leadership and guidance for the implementation of an integrated and comprehensive HPP.
- 7.2. Supports HPP initiatives through authorization of regular briefings by functional experts to installation senior leadership on health of the force issues (e.g., tobacco, fitness, alcohol).
- 7.3. Appoints, in writing, pro-active line and medical personnel as members of a multidisciplinary installation health promotion working group (HPWG).
- 7.4. Chairs (or designates an alternate to chair) the HPWG.
- 7.5. Programs and allocates sufficient appropriated funding (APF) and staffing resources to support effective HAWC operations.
- 7.6. Reviews installation metric data prior to submission to MAJCOM/HPD and AFMOA/SGOP.
- 7.7. Ensures centralized fitness testing within the HAWC to guarantee proper fitness testing standardization and evaluation.
- 7.8. In conjunction with the MDG/CC ensures adequate and qualified staff assigned to the HAWC.

## **8. Commander/Director, Services (SV).**

- 8.1. Functions, or appoints the deputy, as a liaison between SVS and the HAWC to ensure fully integrated SVS and HP activities.

8.2. Ensures the Combat Support Flight Chief (APF) and the Business Operations Flight Chief (NAF) act as the SVS representatives for the fitness center and APF and NAF food/dining activities to the HPWG.

8.2.1. The Combat Support and Business Operations Flight Chiefs, with assistance from the HPM, accomplish the Check It Out checklist for healthy food identification at least semi-annually for all APF and NAF SVS food/dining activities.

8.2.2. Checklist data is presented by the SVS representatives at the HPWG (or other HP fora) for inclusion into the meeting minutes.

8.2.3. Completed checklists will be locally staffed by the SVS representatives and forwarded to the MAJCOM/SV.

8.2.3.1. HPMs will forward copies of the completed checklists to the MAJCOM Dietitian.

8.3. Ensures that food service workers prepare foods in compliance with the Dietary Guidelines for Americans and the USDA Food Pyramid Guidelines.

8.3.1. Ensures foods in all APF and NAF food/dining activities are labeled and available in accordance with the Check It Out nutrition and education training program as outlined in AFI 40-104, Nutrition Education.

8.4. Ensures SVS members assigned to the fitness centers are qualified and trained to provide physical fitness education to members on the installation.

## **9. Medical Group Commander (MDG/CC).**

9.1. Provides medical leadership and guidance through the appropriate squadron commander for the implementation of integrated HP, HAWC, Put Prevention Into Practice (PPIP) and Preventive Health Assessment (PHA) activities.

9.2. Programs and allocates sufficient Defense Health Program (DHP) funding to support productive and effective HPP operations.

9.3. Ensures and advocates for the authorization of adequate resources for the HPP from both medical and line funding sources.

9.4. Supports the HPM in all health promotion initiatives.

9.5. Ensures and facilitates HPM interface with senior base leaders on a regular basis for health and wellness updates, resourcing, etc.

9.6. In conjunction with the Installation Commander, ensures adequate and qualified staff are assigned to the HAWC. Staffing, as a minimum, will be: one HPM, one medical technician (two if base total force population greater than 6,000), one exercise physiologist, and one information manager.

9.6.1. Ensures members assigned to the HAWC are qualified and trained to provide professional oversight and training on HP topics to other base agencies.

## **10. Aerospace Medicine Squadron Commander (AMDS/CC) or Medical Operations Squadron Commander (MDOS/CC)**

10.1. Oversees the installation HPP.

- 10.1.1. Ensures integration of all health promotion and disease prevention programs.
- 10.2. Appoints a medical provider, preferably with preventive medicine experience, as the medical advisor to the HPP.
- 10.3. Appoints a provider, preferably with sports medicine or physiology experience, as the medical liaison officer to the AF Fitness Program (AFFP).
- 10.4. Ensures and advocates, through the medical executive committee, for the authorization of adequate resources for the HPP from both medical and line funding sources.
- 10.5. Ensures programming, planning, and budgeting to support the professional development of the HPM e.g., Epidemiology, fitness, nutrition, or related certifications.

## **11. Installation HPM.**

### **11.1. Administrative and Management Functions.**

- 11.1.1.1. Receives the professional development necessary (i.e., Cooper Institute for Aerobics Research Health Promotion Director Certification within three months of assignment) to provide high quality HPPs.
- 11.1.1.2. Serves as assistant chairperson of the installation HPWG and is an active member of the Integrated Delivery System (IDS) team, and Medical Treatment Facility (MTF) Prevention Committee.
- 11.1.1.3. Recommends to installation commander appointment of line and medical personnel to HPWG; provides guidance and training for appointed members.
- 11.1.1.4. Manages, plans, and conducts the installation HPP and manages the installation Health and Wellness Center (HAWC)
  - 11.1.4.1. Oversees and evaluates all HAWC staff members.
- 11.1.1.5. Develops budgets for both line (APF) and medical (DHP) funding to support a successful, high quality HPP and HAWC.
  - 11.1.5.1. Works with installation financial management (FM) team and MTF RMO for budget development and strategic planning of resources.
- 11.1.1.6. Establishes installation process and outcome objectives, in cooperation with the HPWG members, consistent with MAJCOM goals and addressing the specific needs of the installation. All goals support the AFMS strategic plan.
- 11.1.1.7. Reviews and forwards metric data to MAJCOM HPD after coordination with installation commander as defined in AFRD 40-1.
- 11.1.1.8. Develops local HPP instructions to guide program execution and ensure established parameters for client referral and follow-up
- 11.1.1.9. Establishes and maintains liaison with supporting installation staff, medical personnel, and other base agencies (i.e. Child Development Center, Family Support Center) to ensure an integrated health promotion and disease and injury prevention program.
- 11.1.1.10. HPM actively supports health risk reduction and program planning efforts of the PPIP Coordinator, Chief, Health Care Integration (HCI), and PHA programs.

11.1.11. Establishes partnership and provides HP input to the medical managed care team (e.g., PPIP, Utilization Management (UM), HCI, etc.).

11.1.12. Active participant in MTF strategic planning process e.g., mission support plan, strategic plan resourcing tool, prevention plans, etc.

11.1.13. Ensures and coordinates activities and scheduling for each core program (see 2.2) at the HAWC, worksite, and/or community locations.

## **11.2. Health Status, Needs Assessment, and Program Evaluation Functions.**

11.2.1. Works with the Aerospace Medicine Team to ensure sound epidemiological principles are applied to the assessment and evaluation process of all HP programs and supports the PHA.

11.2.2. Uses data from the HEAR to identify population health risk status and to guide development of HP and prevention programs.

11.2.3. Community needs assessment data is obtained in conjunction with the IDS, Family Support Center and SVs community needs assessments. Information gathered from these needs assessments will also guide the direction of HPP development and strategy.

11.2.4. Provides HPP activity and outcome-based data to the Aerospace Medicine Team, HPWG, IDS team, and MTF Prevention Committee to serve as a basis for establishing health promotion and disease and injury prevention priorities.

11.2.4.1. Monitors program metrics and ensures adequate progress toward established goals.

11.2.5. Assists IDS team with installation behavior risk reduction programs, as identified by the behavioral health survey.

## **11.3. Marketing and Communication Functions.**

11.3.1. Facilitates and oversees administration of multimedia, targeted health enhancement programs, utilizing social marketing and risk communication principles.

11.3.2. Uses national health observances to conduct special campaigns and awareness programs.

11.3.3. Serves as the health promotion resource to the Chief, Health Care Integration and PPIP Coordinator.

11.3.3.1. Provides input for the establishment of specific strategies for accessing “at risk” populations based on HEAR data and other epidemiological tools.

## **11.4. Lifestyle Modification and Support Programs.**

11.4.1. Coordinates and directs: total fitness enhancement, tobacco use reduction and cessation, nutrition, cardiovascular disease prevention, cancer prevention, stress management programs, and related wellness programs.

11.4.1.1. Collaborates with the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program manager on topics related to alcohol and substance abuse prevention.

11.4.2. Coordinates, with the assistance of MTF Prevention Committee members, public awareness campaigns for demand management programs (i.e., medical self-care, nurse advice line).

11.4.2.1. Assists to ensure adequate programming of awareness, educational, motivational, and intervention programs to target multiple risk populations.

11.4.3. Provides risk reduction prevention programs in support of the PPIP and PHA Programs.

### **11.5. Tailored Morbidity and Mortality Programs.**

11.5.1. Coordinates with the Aerospace Medicine Team to establish strategies for compressing morbidity and reducing mortality of the active duty and civil servant populations.

11.5.2. Priorities consider readiness requirements, medical resource constraints, and identified “at risk” populations.

## **12. Installation Fitness Program Manager (IFPM).**

12.1. Ideally, the IFPM holds a degree in exercise physiology.

12.2. The IFPM implements the AFFP IAW AFI 40-501, Air Force Fitness Program.

12.2.1. Receives professional development required (e.g., The American College of Sports Medicine (ACSM) Health Fitness Instructor (HFI) certification within one year of hire) to provide a high quality, scientifically based fitness program.

12.3. Coordinates with the unit commanders to ensure active duty members complete a valid fitness assessment every calendar year.

12.4. Ensures training and oversees test administration for unit fitness assessment monitors (FAM).

12.4.1. Provides training to fitness center staff, on a space available basis, at the request of the SV Combat Support Flight Commander or Chief.

12.5. May be designated by the HPM to manage the HAWC and oversee staff, in the HPM’s absence.

12.6. Ensures active duty members are knowledgeable in fitness conditioning programs and provides the information needed to develop an effective physical conditioning program.

12.7. Provides fitness counseling and fitness assessments to family members, federal government civilian employees, and retirees on a space available basis.

12.7.1. Participates in the installation ergonomics program.

12.7.1.1. Collaborates with occupational medicine experts to develop scientifically sound occupational conditioning programs.

12.8. Provides briefings and educational sessions in fitness enhancement on a regular basis to every unit on base.

## **13. Installation HPWG.**

13.1. The goal of the HPWG is to develop focused and integrated HPPs that provide the necessary education and support to build the healthiest AF community possible.

13.2. The HPWG will be chaired by the Installation or Wing/CC or designate. Co-chair is the HPM. Members of the group must include representatives from any base area pivotal to improving the health and wellness of the base.

13.2.1. Members are appointed in writing by the installation commander.

13.3. The installation HPWG will address the core HPP areas and individual and unit modifiable behavioral health risks.

13.3.1. The name of the installation HPWG may be modified by the MAJCOM, e.g., Care on Target Team, Wellness Council, Wellness Executive Board, etc.. The goal and composition will not change.

13.3.2. The group meets at least quarterly.

13.3.3. Members are proactive, dynamic contributors and believe in health and wellness promotion and disease and injury prevention.

13.3.4. If the HPWG takes on the additional role of the Community Action Information Board subcommittee, it will also be governed by AFI 36-3009, Family Support Center Program.

13.4. Program metrics will be reviewed at the HPWG meeting. Modifications to programs and new program development will be guided by the functional area experts, with oversight by the HPM.

### ***Section C— Health Promotion Programs***

#### **14. Tobacco Prevention and Cessation.**

**14.1. The Air Force's goal is a tobacco free force.** The HPM ensures cessation programs are offered for military, family members, retirees during and after duty hours as needed. Federal civilian employees may participate on a space-available basis.

14.1.1. All beneficiaries identified, through the HEAR or other assessment method, as wanting to quit or attempting to quit tobacco products will be contacted via letter or telephone and provided the desired information regarding tobacco cessation.

14.2. A medical professional, with behavior modification expertise, will be appointed by the MTF commander as an advisor and consultant for the tobacco cessation program.

14.2.1. This individual may oversee the development and administration of the tobacco cessation program as other taskings allow.

14.3. Medical Group Commanders should make nicotine replacement therapy available to all eligible beneficiaries, provided that it is not medically contraindicated.

14.4. Tobacco cessation facilitators should have behavior modification training for conducting these programs.

14.4.1. Training may be conducted by the appointed behavior modification professional.

14.5. HPM ensures follow-up surveys are conducted of tobacco cessation program participants at the 6-month and 1-year post quit points to measure program outcome success.

14.5.1. Participants who have returned to tobacco use, should have their current stage of change assessed and those prepared to attempt cessation again will receive appropriate guidance.

#### **15. Total Fitness Enhancement.**

15.1. Total fitness enhancement includes awareness, education, motivation, and intervention programs for all lifestyle behaviors that effect blood pressure, cholesterol, body weight and body fat.

15.1.1. Other programs under this heading include: general nutrition for all ages, strength and flexibility training, and support of substance abuse and harm reduction programs.



15.2. Total Fitness Enhancement Programs may be conducted by the HPM, IFPM, or other qualified personnel using scientifically and medically sound protocols and guidance.

15.2.1. All installation newcomers will receive a total fitness enhancement awareness briefing and HAWC orientation and tour.

15.2.1.1. Appointments for both the briefing and the tour will be scheduled during the base intro process and should occur within 30 days of inprocessing.

15.2.2. The briefing should include (but is not limited to) general information on total fitness enhancement, including aerobic exercise (i.e. Target heart rate calculation), HAWC services, and program accessibility.

15.2.3. New senior installation leaders (wing/group/squadron commanders) will receive information regarding the specific wellness needs of their population in addition to a personalized total fitness enhancement briefing and HAWC orientation and tour.

15.3. Non-official body fat measurements are may be conducted by HAWC personnel for the purposes of HP information, education, and progress data points only.

15.3.1. Non-official body fat measurements may be accomplished by HAWC personnel using: Body Mass Index, calipers, electrical impedance, infrared light.

15.3.1.1. These measurements will not be used for official purposes; official body fat measurements are accomplished as prescribed in AFI 40-502, The Weight Management Program.

15.4. Non-official body fat measurement results  
may not be submitted for official AF WMP measurements.

## **16. Nutrition Education.**

16.1. Nutrition education programs (e.g., NCI's "5-a-Day" Program, the FDA Food Labeling Program, and the AF "Check It Out" program) or general nutrition classes may be offered by the HPM, registered dietitian, diet therapy craftsman, medical professionals and other qualified personnel. Efforts are meant to complement those of Services food facilities.

16.1.1. Qualified HAWC staff will serve as a resource to the SV dining facility managers on issues related to the AF healthy food choices identification program, "Check It Out," and provide requested dining facility staff training as time permits.

16.1.2. HPMs will forward copies of the completed "Check It Out" checklists, after presentation at the HPWG by the SVS representative, to the MAJCOM Dietitian.

16.2. WMP nutrition counseling may be conducted in the HAWC, IAW AFI 40-502, Weight Management Program, AFI 44-135, Clinical Dietetics, and AFI 40-104, Nutrition Education guidelines.

16.2.1. All prescriptive diets (e.g. 2000 calorie ADA, 40gm protein, etc.) must be accomplished by the appropriately registered or certified personnel IAW AFI 44-135, Clinical Dietetics.

## **17. Stress Management.**

17.1. Organizational, environmental, and personal stresses impact the health of the individual as well as the productivity and cost to the institution. Programs to identify, prevent, and reduce stress are offered at each installation by personnel trained in stress management.

17.2. The IDS chairperson is responsible for coordination of all base stress management/prevention programs and ensures that program quality control and expert review are accomplished as needed.

17.2.1. The HPM will support stress management program administration.

## **18. Substance Abuse Prevention and Personal Harm Reduction.**

18.1. Effects of alcohol misuse and illicit drug abuse on health are: impaired thinking and reacting, contributors to morbidity and mortality, inappropriate behavior toward others, and increased health care costs.

18.2. The Mental Health (MH) representative to the HPWG and IDS, in conjunction with the HPM, will assess available data to plan and implement substance abuse prevention and harm reduction activities.

18.3. Substance abuse and harm reduction education and prevention programs are planned and evaluated by trained MH personnel.

18.3.1. Program implementation and administration efforts by the MH personnel are actively supported by the HPM.

## **19. Cardiovascular, Cancer, Health Risk Reduction and Other Prevention Efforts.**

19.1. Based on established priorities, the HPM conducts public information and social marketing campaigns on cardiovascular and cancer prevention, dental health and prevention, injury (on and off duty) reduction, and other locally identified preventive efforts.

19.1.1. Data derived from tools such as the HEAR and behavioral health survey (BHS) are used by the HPM to identify "at risk" groups and to provide commanders with unit level information.

19.1.2. The HEAR is the enrollment tool for TRICARE, and the health assessment tool for the PPIP and PHA Programs, worksite wellness assessments, and one-on-one health risk appraisal assessment.

19.1.3. The HPM, with assistance from MTF computer systems personnel, will query the data base to identify individuals, units, or groups for targeted intervention of modifiable health risks and to guide HPP development.

19.2. Efforts to reduce risks for cancer and cardiovascular disease should target identified "at risk" populations.

19.3. Referrals from providers within the MTF to the HAWC and HPPs are critical for risk reduction programming. Referrals will be accomplished IAW local policy.

19.3.1. Referrals to providers within the MTF from the HAWC staff are made when parameters are outside those established by local OIs.

19.3.2. MTF OIs and HPP OIs identify processes for follow-up to measure outcome.

19.4. Worksite wellness programs increase awareness and offer intervention opportunities. The HPM will coordinate visits to worksites by HAWC staff, to provide HP awareness/education, in conjunction with existing public health, flight medicine, and bioenvironmental engineering worksite visit schedules.

19.4.1. Worksites should be visited semi-annually.

**20. Prevention-Based Demand Management Programs.**

20.1. Medical self-care programs and healthcare advice lines are a collaborative effort to reduce health care demand and are guided by the Prevention Committee

20.1.1. These programs are advocated for and actively advertised by the HPM and HAWC staff.

20.2. Model self-care programs include the following elements:

20.2.1. Books or manuals (e.g., *Take Care of Yourself* or *Healthwise Handbook*)

20.2.2. Formal instruction on how to use the book

20.2.3. Informed decision making about when to seek medical care, and at what level to access the health care system

20.2.4. Telephone advice lines

20.3. The HPM will review the use of the self care manuals and the telephone advice line at community-based fora, such as base newcomer orientation.

**21. Preventive Health Assessment (PHA)**

21.1. The PHA is PPIP for active duty members.

21.1.1. PHA incorporates non-flying physical exams, occupational health exams, periodic flying and special operational duty exams, and fitness testing results.

21.2. The PHA includes: the HEAR, annual medical and military unique records review, immunization records review, and a focused physical exam determined by occupation/risk factors/age/gender.

21.3. The MTF/CC is responsible to ensure the implementation of the PHA.

21.3.1. The Chief of Aerospace Medicine is the OPR for implementation and administration of the PHA.

21.3.2. HPM involvement with the PHA will be determined by local implementation plan.

***Section D— Collecting and Reporting Data for Health Promotion Program Metrics***

**22. Required Metrics.** AFD 40-1 outlines the metrics required for annual submission to AFMOA/SGOP via MAJCOM HPDs.

22.1. AFMOA/SGOP and MAJCOM HPDs may require the tracking of additional metrics to monitor progress toward MAJCOM goals.

22.2. Locally identified metrics will be tracked IAW locally developed policy.

22.3. Reporting of metrics will be discontinued during emergency conditions as directed by the headquarters governing agency.

***Section E— Air National Guard (ANG) Health Promotion Program.***

**23. ANG Health Promotion.** The goal of the program is to enhance readiness and reduce preventable illness and injury in the traditional ANG member.

23.1. The ANG unit HPM is an officer with a medical AFSC. The HPM is appointed in writing by the unit commander.

23.1.1. HPMs will ensure HPPs are made available to all ANG unit members. Primary programs will include: physical fitness, nutrition and tobacco use.

23.1.2. The HPM will establish an ANG unit HPWG (using guidelines in this AFI: para 11.1.2.-11.1.3.)

23.2. In cooperation with HPWG members, the HPM establishes process and outcome objectives consistent with ANG goals and specific needs of the population. 23.2.1. All goals support the AFMS strategic plan.

CHARLES H. ROADMAN II, Lt. General, USAF, MC  
Surgeon General

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 40-1, Health Promotion

AFPD 40-5, Air Force Fitness and Weight Management

DoD Directive 1010.10, Health Promotion, March 11, 1986, with Changes 1 and 2

DoD Instruction 1010.15, Smoke-Free Workplace, March 7, 1994

Promoting Health 2000: DoD Health Promotion and Disease Prevention Objective, May 1, 1992

AFI 40-102, Tobacco Use in the Air Force

AFI 40-104, Nutrition Education

AFI 40-XXX, Health and Wellness Centers (HAWCs)

AFI 40-501, Air Force Fitness Program

AFI 40-502, The Weight Management Program

AFI 44-153, Suicide Prevention Education and Community Training

Title 10, United States Code, Section 8013

***Abbreviations and Acronyms***

**AFF**—Air Force Form

**AFI**—Air Force Instruction

**AFPD**—Air Force Policy Directive

**AFR**—Air Force Regulation

**AFSVA**—Air Force Services Agency

**ANG**—Air National Guard

**APF**—Appropriated Funds

**ARC**—Air Reserve Component

**BHS**—Behavioral Health Survey

**CAIB**—Community Action Information Board

**DoD**—Department of Defense

**FDA**—Food and Drug Administration

**HEAR**—Health Enrollment Assessment Review

**HP**—Health Promotion

**HPD**—MAJCOM Health Promotion Director

**HPM**—Health Promotion Manager

**HPP**—Health Promotion Program

**HQ AFMOA/CC**—Headquarters Air Force Medical Operations Agency/Commander

**HQ AFMOA/SGOP**—Headquarters Air Force Medical Operations Agency/Prevention Division

**IAW**—In accordance with

**IDS**—Integrated Delivery System

**IFPM**—Installation Fitness Program Manager

**MAJCOM**—Major Command

**MTF**—Medical Treatment Facility

**NAF**—Non-Appropriated Funds

**NCI**—National Cancer Institute

**PGL**—Program Guidance Letter

**PHA**—Preventive Health Assessment

**PPIP**—Putting Prevention into Practice

**SVS**—Services

**USAF**—United States Air Force

**U.S.C.**—United States Code

**WMP**—Weight Management Program

### ***Terms***

**Compressed Morbidity**—The future health of our populations depends upon trends centered around two critical dates: the onset of the time of the first major disease, infirmity, or disability, and the time of death. Most lifetime morbidity is concentrated between these dates. Initiatives need to be directed at compressing the average period between these dates; the goal of compressed morbidity.

**Demand Management**—The collection of strategies and activities that are designed to decrease the need and use of health care services while maximizing the health and well-being of the individual.

**Dietary Guidelines for Americans**—Eating recommendations developed by the Departments of Agriculture and Health and Human Services to improve the health and nutritional status of all people. Americans should:

- Eat a variety of foods
- Maintain health weight
- Choose a diet low in fat, saturated fat, and cholesterol
- Choose a diet with plenty of vegetables, fruits, and grain products
- Use sugars only in moderation
- Use salt and sodium in moderation

- Drink alcoholic beverages in moderation, if used at all

**Healthy People 2000: National Health Promotion and Disease Prevention Objectives**—A document containing a national strategy for significantly improving the health of the Nation over the coming decade.

**Medical Self-Care**—A demand management approach designed to teach a person to maintain the habits that lead to vigor and health, to periodically monitor for those diseases that can occur without notice, and to respond decisively to new problems that arise either in the self-care mode or to seek professional help when needed.

**Modifiable Health Risks**—The 10 modifiable health risks, according to Eddington, et al, are:

- Current Smoker
- Rarely/Never Exercise
- Rarely Use Seat Belt
- Low Life Satisfaction
- Rate General Health as Fair or Poor
- Systolic Blood Pressure > 140
- Diastolic Blood Pressure > 90
- Cholesterol > 240 mg/dl
- > 20 percent Overweight
- > 13 Drinks per Week

**Put Prevention Into Practice (PPIP)**—A clinically-based prevention implementation program developed by the US Public Health Service of the Department of the Health and Human Services, in cooperation with major health related groups and provider organizations. Its purpose is to achieve the health promotion and disease prevention objectives for the Nation established in Healthy People 2000. The goal is to improve the delivery of clinical preventive health promotion services. The material targets three major areas: patients, providers, and staff.

**Preventive Health Assessment Program. (PHA)**—The PHA implements a method of applying physical standards to our active duty force using both PPIP and military-specific requirements as guidelines. PHA incorporates nonflying physical examinations, occupational health physical examinations, periodic flying and special operational duty physical examinations and results of fitness evaluations. A PHA includes a HEAR, a detailed medical records review, an interval medical history, a focused physical examination as determined by the individual's occupation, and an immunization review. The OPR for PHA is the Physical Exams Section of Aerospace Medicine Squadron or Flight.